KENYATTA UNIVERSITY

UNIVERSITY EXAMINATIONS 2018/2019

END OF YEAR EXAMINATION FOR THE DEGREE OF BACHELOR OF MEDICINE AND BACHELOR OF SURGERY (MCQ Level 6)

HMS: GENERAL SURGERY

DATE: Thursday 5th December 2019 **TIME: 9.00a.m. - 12.00p.m.**

General instructions

Read the following instructions carefully.

i. Write your registration number on your answer sheet.
ii. There are 110 MCQ questions in this paper, answer all the questions in the provided answer sheet.
iii. Check that your question paper and the answer sheets have all the questions and all the pages.
iv. Each MCQ consists of a stem (rubric) and 4 choices labeled a, b, c, d.
v. An answer sheet is provided, do not mark your answers in the question paper
vi. Choose only one answer and **tick** (√) the correct choice in the appropriate box in the answer sheet.
vii. You are advised to use a pencil to mark your answers and use a rubber to correct any wrong answer. Any cancelled answer with a correction will be treated as double marking which will nullify both answers.
viii. Candidates arriving late will not be allowed to take the examination
ix. No candidate is allowed to leave the examination room until the end of the examination.
x. At the end of the examination, hand over both your answer sheet and the examination question papers to the invigilator
i. **WARNING**: mobile phones, bags, books, any written materials, calculators, computerized gadgets or any other examination cheating material are not allowed in the examination room. Verbal or Visual exchange of information is prohibited in the exam room. Random inspection will be done. **ANY STUDENT FOUND WITH ANY OF THESE ITEMS WILL BE DISCONTINUED FROM STUDYING MEDICINE IN KENYATTA UNIVERSITY.**

1. Acute mastitis (lactational/puerperal mastitis) is commonly caused by
   A. Bita haemolytic Streptococcus pyogenes
   B. Beta lactamase +ve Staphylococcus aureus
   C. Gm-ve aerobes
   D. Gm +ve anaerobes
2. Recurrence of medullary thyroid cancer is best assessed by the following serum markers.
   A. T3
   B. T4
   C. Calcitonin
   D. Parathormone
3. A 45yrs old male patient presents with microscopic hematuria. On evaluation he is found to have early right renal carcinoma. He is booked for counselling and a urologist review. Which of the following is the best primary treatment for this patient?
   A. Radiotherapy
   B. Chemotherapy
   C. Right nephrectomy
   D. Immunotherapy
4. A 60yrs old male comes for a cancer screening clinic and is found to have an enlarged prostate of 50 grams without calcification and no masses. His Prostatic Specific Antigen (PSA) is 8 ng/ml. He seeks explanation for the high PSA from the doctor in the clinic. All the explanation of the high PSA are true except?
   A. PSA is found in all normal men
   B. He has a 75 % chance that he has prostate cancer
   C. PSA can rise if he had prior urethral catheterisation
   D. Prostate trucut biopsy is advised to rule out cancer

5. Patient who presents with confusion, anosmia, reduced visual acuity is likely to have a tumour in which lobe of the brain
   A. Frontal lobe
   B. Temporal lobe
   C. Occipital lobe
   D. Parietal lobe
6. Mannitol acts by all except;
   A. Plasma expansion
   B. Increasing viscosity
   C. Osmotic effect
   D. Reduces hematocrit

7. A 50 years male recently diagnosed with diabetes mellitus reports episodic epigastric pains radiating to the back. His stools have recently become more frequent, loose and frothy. He has lost significant weight and the pain is quite disturbing. As his doctor, one would
   A. Initiate a high protein and high fat diet to reduce the malnutrition
   B. Recommend an exploratory laparatomy
   C. Supplement Pancreatic excocrine enzymes and vitamin D
   D. Request a CA19-9 tumour marker as a specific diagnosic test

8. A 60-year-old man had a well check and colonoscopy. He was told he had no polyps, but his left colon was full of diverticula. One month later, he presents to the casualty with rectal bleeding of bright red blood for 24 hours. His vitals are BP 95/60, heart rate of 105 and temperature of 37.9C. What is the initial treatment he should receive upon his arrival at casualty?
   A. Urgent surgical intervention after cross-matching for blood transfusion to control the internal bleeding.
   B. Bolus normal saline to stabilize his blood pressure then a CT scan as his colonoscopy does not explain his bleeding.
   C. 1.0 – 2.0 L Bolus of normal saline till blood pressure and heart rate improve, cross match for blood transfusion, foley catheter placement and O2 via nasal prongs.
   D. Bolus of normal saline and IV antibiotics as he likely has diverticulitis
9. Which management approach has the best evidence that it impacts survival after sepsis?
   A. Early mechanical ventilation, especially with PEEP to maintain oxygenation saturation > 90-92
   B. Adequate crystalloid resuscitation to maintain CVP > 10 mmHg
   C. Early use of vasopressors to treat septic shock to maintain MAP > 60 mmHg
   D. Empiric broad spectrum antibiotics within 3 hours of recognition of severe sepsis after blood cultures drawn
10. Which of the following patients has the highest chance of harbouring a colo-rectal malignancy
and should be strongly encouraged to undergo a colonoscopy?
   A. 55 year old woman with increasing constipation, gas and abdominal pain who has a hemoglobin of 11.0 and a MCV of 85.
   B. 40 year old with a family history of colon cancer in a 65 year old uncle and 72 year old grandmother and who is now experiencing abdominal pain
   C. 52 year old man with increasing hard constipated stools who has blood on the toilet paper after a bowel movement with painful bowel movements.
   D. 65 year old otherwise healthy man with a 3 month history of bright red blood during bowel movements
11. A 54 year old male was admitted to Kiambu hospital medical ward with cough and progressive shortness of breath. A chest X-ray reveals a large right sided Hydrothorax. Analysis of the pleural fluids is as follows: Pleural fluid pH 7.12, Pleural protein 38 g/dl, Serum protein 55 g/dL, Pleural LDH 320 IU/L, Serum LDH ULN 280 IU/L, What is the most correct response with regards to the pleural fluid analysis?
   A. Transudate as the serum LDH is less than the pleural LDH
   B. Exudate as the pleural pH < 7.2
   C. Exudate as the pleural protein is > two-thirds the serum protein
   D. Exudate as the pleural LDH : serum LDH is >0.6
12. Which of the following mechanism may be used in modifying the metabolic response in severe burns?
   A. Prolonged fasting
   B. Pain control and propranolol administration
   C. Excessive fluid administration
   D. Total parenteral nutrition
13. The least common type of complication from transfusion therapy is:
   A. Febrile reaction
   B. Hemolytic reaction
   C. Allergic reaction
   D. Circulatory overload

14. The following are TRUE concerning amoebiasis EXCEPT?
    A. Caused by Entamoeba histolytica
    B. Trophozoite is the motile form associated with infection transmission
    C. Cyst form associated with infection transmission
    D. Can cause brain, hepatic and lung abscesses
15. Interval (elective) appendicectomy is best performed:
    A. 1-2 weeks after a successful Ochsener –Shellen regime treatment of doubtful case acute appendicitis
    B. 3-4 weeks after successful conservative treatment of acute appendicitis with appendicular mass
    C. 6-8 weeks after successful conservative treatment of subacute appendicitis
    D. 10-12 weeks after successful conservative treatment of recurrent appendicitis
16. A 60 year patient was admitted in hospital with a history of constipation, colicky abdominal pain, abdominal distention and vomiting presenting in that order. This was the second admission with the same complaints. In the first admission he was treated conservatively with IV fluids and enema, recovered and discharged home. Which one of the following is the best line of management of this patient now?
    A. Repeat conservative treatment given in the first admission and discharge him if he recovers.
    B. Repeat conservative treatment given in the first admission and do colonoscopy if he recovers.
    C. Repeat conservative treatment given in the first admission and do an explorative laparotomy.
    D. Repeat conservative treatment given in the first admission and do a diagnostic laparoscopy if he recovers.
17. A 21 year old girl presented with multiple bilateral discreet breast lumps. What is the best first line option in the initial management.
    A. Confirm diagnosis with US scan and FNAC.
    B. Confirm diagnosis with mammography and FNAC.
    C. Confirm diagnosis with US scan and excision biopsy.
    D. Confirm diagnosis with US scan, FNAC, and CT scan.
18. The management of choice of a breast mass confirmed to be fat necrosis is
    A. Observation because spontaneous resolution can occur
    B. Aspiration with a wide bore needle
    C. Wide excision to prevent breast cancer.
    D. Simple mastectomy
19. Meningomyelocoeles are mostly associated with the following anomalies except?
    A. Vertebral anomalies
    B. Cardiac anomalies
    C. Renal anomalies
    D. Visual anomalies
20. An increase in the blood pCo2 has the following effect on CSF pressure
    A. No effect whatsoever
    B. Reduction
    C. Increase
    D. Minor increase followed by a sustained decline

21. Parinauds syndrome in a patient with hydrocephalus refers to
    A. Head enlargement
    B. Prominent scalp veins
    C. Downward gaze
    D. Tense anterior fontanelle
22. Pathological features in Hirchsprungs disease include the following except:
    A. Atrophic nerve bundles in the affected segment
    B. Absence of ganglion cells in the Meissners and Aeubachs plexus
    C. Genetic mutations of the *Ret* gene
    D. Acetylcholinesterase positive nerve fibers
23. What is considered adequate urine output for a pediatric patient:
    A. 0.5mls/lg/h
    B. 1mls/kg/hr
    C. 2.5mls/kg/hr
    D. 4mls/kg/hr
24. Prune belly syndrome includes all of the following except:
    A. Cryptochirdism
    B. Urinary tract anomalis
    C. Abdominal wall musculature defect
    D. Skeletal Anomalis
25. A neonate was delivered with a midline defect with herniation of intestines covered with a membrane. What is the most likely diagnosis?
    A. Gastroschisis
    B. Bladder exstrophy
    C. Umbilical hernia
    D. Omphalocele

26. In the diagnosis and staging of a carcinoma of the oesophagus which of the following investigations is the most useful?

    A. Upper gastrointestinal and biopsy
    B. Carcinoembryonic antigen (CEA) level
    C. Oesophageal manometry
    D. Laparoscopy

27. Which of the following represents the greatest risk for deep venous thrombosis?

    A. Oral contraceptive use.
    B. General anesthesia for herniotomy in a 5 year old child.
    C. Varicose vein in a 35 year old shopkeeper.
    D. Pelvic fractures in a 50 year old lady on chemotherapy for breast cancer.

28. In a patient with acute pulmonary thrombo-embolism what would be the most appropriate initial specific therapy?

    A. Six hourly intravenous heparin
    B. Continous infusion intravenous heparin
    C. Intravenous low molecular heparin.
    D. Subcutaneous low molecular heparin

29. In a patient with a large ventricular septal defect which of the following would be the most significant development?

A. Shunting right to left on echocardiography.
B. Right ventricular hypertrophy.
C. Pneumonia.
D. Finding of a co-existing patent ductus arteriosus.

30. A thirty year old man has a large right lateral chest wall mass that is firm, has prominent surface vessels and erodes two adjacent ribs. Histology shows immature fibroblast and frequent mitotic bodies. The most useful aspect of treatment would likely be:

A. Multi agent chemotherapy
B. External beam radiotherapy
C. Brachytherapy
D. Wide surgical excision

31. Which of the following are common problems experienced by patients with an ostomy (stoma) that require early and pre-emptive counselling and patient education?
A. Anemia second to inappropriate dietary intake and high ostomy output
B. Weight gain second to inappropriate ostomy bag filling
C. Abdominal pain second to frequent alternating constipation and diarrhea because of bowel dysregulation that occurs with an ostomy.
D. Peri-stomal skin irritation second to poor ostomy appliance placement

32. A young patient who is known to have ulcerative colitis presents with severe abdominal pain that is worse than usual, tachycardia, tachypnea and abdominal distension. What is the next step in your management of this patient?
A. Order CBC and stool cultures to rule out concurrent infection then start IV high dose prednisone to control his flare-up
B. Order CBC and Creatinine to rule out anemia and dehydration, start fluid resuscitation and do a CT scan to rule out other intra-abdominal causes of acute abdominal pain before increasing his IBD medication
C. Order a flat plate x-ray of the abdomen to determine if there is toxic megacolon and be certain there is no secondary free air or massive distension (cecum > 10 cm) that would mandate early operation
D. Order a flat plate x-ray of the abdomen to determine if there is toxic megacolon so that high dose prednisone can be started along with fluid resuscitation as surgery is contraindicated in ulcerative colitis.

33. The following are true about urological calculi except
A. 90% of urological calculi are radioluscent
B. Some metabolic disease are known to cause urological calculi
C. Conservative management has a role in some urological calculi
D. Laser lithotripsy has a role in management of urological calculi

34. Which one of the following options is indicated in a male adult with a 5 cm long bulbous urethral stricture
A. Anastomotic urethroplasty
B. Direct vision urethrotomy
C. Substitutionalurethroplasty
D. Urethral dilatation

35. A 10 yr old boy presents with a 2 day history of fever with painful swelling of the left testes and reports having fallen down while playing rugby injuring his left hip. What is the most likely diagnosis for his condition?
    A. Acute Testicular Torsion
    B. Acute Orchitis
    C. Acute Epididymorchortis
    D. Testicular trauma
36. The following statement is true concerning scrotal mases
    A. A testicular mass is cancer until proven otherwise
    B. A testicular mass does not cause an acute scrotum
    C. An undescended testes will lead to a scrotal mass
    D. A hydrocoel will lead to infertility if left untreated
37. Scrotal swellings in infancy
    A. Are best treated by surgery
    B. Should be treated by the time the child is 2 years
    C. Can be treated conservatively
    D. Are due to hydrocele until proved otherwise
38. Children with Posterior Urethral Valves will present with the following features
    A. Acute Urinary Retention
    B. Acute Renal Failure
    C. Inability to perform urethral catheterization
    D. Chronic urinary retention
39. An adult patient presents with recurrent epigastric pains and diarrhea. An upper GI endoscopy reveals multiple gastric ulcers with prominent gastric ruggae. A small solid nodule is noted at the pancreatic head on ultrasonography. It is true that in this patient
    A. A total gastrectomy is the treatment of choice
    B. A head and neck CT scan should be performed
    C. Surgical resection of the pancreatic nodule is not indicated
    D. Gastric adenocarcinoma with a pancreatic metastasis is the most likely explanation
40. A surgical intern was called to theatre to perform an emergency laparascopi cappendicectomy. He assessed the patient who was 2 months pregnant with a previous transverse supra-pubic ceaserian section scar and had right iliac fossa rebound tenderness. He decided to decline from performing the procedure and proceeded with an open laparotomy. This decision was mostly informed by
    A. Possibility of an ectopic pregnancy as a differential diagnosis
    B. Possibility of encountering peritoneal adhesions around the umbilicus
    C. The interns inexperience in performing laparoscpic procedures
    D. The possibility of encountering a localised periappendicular peritonitis
41. A 60 year male presents with generalised itching, weight loss and jaundice in a county hospital. He has limited financial capacity. A preliminary Ultrasound scan of the abdomen indicates a dilated common bile duct and a mass in the pancreatic head. What would you consider most appropriate management for his condition
    A. Optimise his condition for a surgical exploration and biliary bypass surgery
    B. Refer him to the national hospital for MRI and ERCP
    C. Perform a Percutaneous Biliary drainage and send him for ERCP and pancreatic biopsy
    D. Initiate oral cholestyramine and Refer him to oncology clinic for palliative care

42. Which of the following is not an option in managing a bleeding duodenal ulcer
    A. Argon- plama coagulation at endoscopy
    B. Peri-lisional injection of adrenaline and saline solution
    C. Ballon tamponade with a sungstakenblackmoore tube
    D. Heater probe coagulation
43. A four-layer suture repair of an inguinal hernia is called
    A. Bassinis repair
    B. Modified bassini repair
    C. McVays repair
    D. Shouldice repair
44. Which of the following statements is false regarding the incidence of abdominal wall hernias?
    A. Two thirds of all inguinal hernias are classified as indirect.
    B. Femoral hernias are more common in females than in males.
    C. Indirect hernias are common in females.
    D. Hernias generally occur with equal frequency in males and females.

45. With regard to basal cell carcinoma, which of the following statements is true?
    A. It originates from the deep dermal appendages.
    B. Intermittent intense exposure to UV light is a greater risk factor than exposure at a low dose per episode of a similar total dose.
    C. Fifty percent occur on the head and neck.
    D. The risk for a second basal cell carcinoma is lower for men with index tumors on the trunk.
46. A 60 year old female from Mt Elgon region, presented with a bilateral goiter for 8 years and hoarseness for three months. On physical examination, it was smooth, firm in consistency, 5cmX5cm. Pulse rate was 130 bpm and BP was 155/ 100mmHg. Soft tissue of the neck showed no tracheal compression. Based on this information, which one of the following statements is true about this goiter.
    A. This goiter can be classified as diffuse, non toxic goiter.
    B. This goiter is best treated by medical treatment with Iodine and thyroxin
    C. This goiter is best treated by total thyroidectomy.
    D. This goiter is best treated by radio active iodine therapy
47. What is the most common cause of primary hyperthyroidism
    A. Parathyroid adenoma
    B. Parathyroid hyperplasia
    C. Ectopic parathyroid gland
    D. Parathyroid carcinoma
48. Which one of these statements is true about thyroidectomies
    A. Sub total thyroidectomy is the thyroidectomy operation of choice in early thyroid cancer
    B. Anaplastic cancer of thyroid is best treated by radical thyroidectomy
    C. Near total thyroidectomy is the thyroidectomy operation of choice in large non toxic goiters with compression sysmptoms
    D. Lobectomy is the thyroidectomy operation of choice in goiters due to early follicular thyroid cancer
49. Systemic factors affecting wound healing include the following except
    A) Smoking
    B) Nutrition
    C) Radiation
    D) Corticosteroids

50. The initial phase of skin grafting involves
    A) Adherence
    B) Serum imbibition
    C) Inosculation
    D) Neovascularisation
51. The most common cause of graft failure is
    A) Infection
    B) Hematoma
    C) Inappropriate wound bed
    D) Shearing forces
52. Golden period for treatment of open wounds is.....hours
    A) 4
    B) 6
    C) 12
    D) 24
53. A patient with an acute right upper quadrant abdominal pain and jaundice is advised to undertake an abdominal ultrasonographic examination. This test will on its own be limited in the demonstration of
    A. Radiolucent gall stone that occur in 90% of the cases
    B. Cholangitis complicating biliary strictures
    C. Gall bladder polyps
    D. Intrahepatic bile ducts dilatation

54. A patient presented with right iliac fossa pain for two days. The pain started in the right iliac fossa. He vomited twice and had lost appetite. There was tenderness over the right iliac fossa but no rebound tenderness. The temperature was 38 degrees C. The WBC count was 15000/cc without a shift. Using this data calculate the Avarado score.
    A. 3
    B. 5
    C. 7
    D. 9

55. Which of the following statements is true about mastalgia
    A. Non cyclic mastalgia can benefit from anti-gnadotrophins (danazol).
    B. Cyclic mastalgia is more prevalent in post menopausal women
    C. Non cyclic mastalgia is commonly treated symptomatically with NSAIDS
    D. Cyclic mastalgia with a trigger point can benefit from local anaesthesia

56. Which of the following statements regarding imaging of the parathyroid gland are true?
    A. High-frequency ultrasound can identifynearly 75 per cent of enlarged glands.
    B. Technetium-99m-labelled sestamibiisotope (MIBI) scan identifies around 90per cent of enlarged glands.
    C. Single photon emission computed tomography (SPECT) scan does not influence surgical approach.
    D. CT and MRI must be undertaken prior to first-time neck exploration.
57. The weight of the thyroid gland is approximately
    A. 5 gms
    B. 15 gms
    C. 25 gms
    D. 35 gms

58. An 8 year old child presented with a six months history of painless anterior midline mid neck swelling. It was non tender, 3X3 cm, globular and fluctuation test was positive. It moved with swallowing and togue protrusion. The most likely diagnosis is
    A. Cold nodule
    B. Thyroid adenoma
    C. Thyroglossal cyst
    D. Toxic nodule

59. The commonest cause of intra luminal common bile duct obstruction is
    A. Ascaris lumbricoides
    B. Billiary stones
    C. Carcinoma of common bile duct
    D. Stricture of common bile duct

60. On examination of the chest of a patient with a stab wound on the left side of the chest, the patient was severely dyspnoeic. The trachea was shifted to the lright. The left side was hyper resonant to percussion. the pulse rate was 120/min and the blood pressure was 80/50the apex beat was at the 5th intercostals space and 5 cm lateral to the mid clavicular line. The most likely diagnosis is
    A. Open pneumothorax
    B. Closed pneumothorax
    C. Tension pneumothorax
    D. Hypovolaemic shock

ORTHOPAEDICS

61. Which of these does not apply in septic arthritis in children.
    A.May present physical injury to the limb
    B. Can be catastrophic if not aggressively treated
    C. Should be treated by strict adherence to laboratory culture results
    D. More often than not requires surgical intervention

62. What is true of acute pyogenic osteomyelitis?
    A. Trauma not a predisposing factor
    B. Infection not blood borne
    C. Affects only long bones
    D. May lead to chronic discharging sinuses

63 Osteochondritis dissecans
    A. Is a condition of the proximal tibia
    B. Occurs in the distal femoral metaphysis
    C. Is a pathology involving cartilage and bone
    D. Is caused by direct injury to the affected area

64. A chondrosarcoma describes a
    A. Malignanr bone lesion usually affecting persons below 25 years of age.
    B. Benign childhood tumour
    C. Malignancy that presents above 40 years of age
    D. Cartilaginous aggressive childhood malignancy

65. The recommended management of osteosarcoma of the proximal tibia is as indicated below:
    A. Below knee amputation, chemotherapy and wrap up with radiotherapy
    B. Counselling , radiotherapy to shrink the lesion, below knee amputation then chemotherapy
    C. Below knee amputation, counselling, the chemotherapy.
    D. Counselling, chemotherapy , above knee amputation

66. Rheumatoid arthritis is a disease
A. With a well understood aetiology that is also systemic in nature
B. That may easily be confused with osteoarthritis especially due to the hypertrophic synovitis common in both conditions
C.That may show normocytic, normochromic anaemia with leucocytosis
D. None of the above

67. Complications of ankylosing spondylitis include
A. spinal cord compression
B. Bone fragility
C. Generalised osteosclerosis
D. Generalised osteoporosis

68. Out toeing in a child is most commonly due to
A. Excessive retroversion of the femoral neck
B. Excessive tibia torsion
C. Paediatric pes planus
D. Genu valgum

69. A 31-year-old woman has fracture-dislocation at C5–C6. A clavicle fracture is noted on an otherwise normal chest X-ray. Her pulse is 45, blood pressure is 83/40mmHg and respiratory rate is 22. An abdominal ultrasound is negative. What type of shock is most likely in this patient?
A. Haemorrhagic.
B. Septic.
C. Neurogenic.
D. Spinal.

70. A 21-year-old second-trimester pregnant female arrives in the trauma bay with a closed head injury as well as an open ankle injury. During evaluation, what positioning is recommended to limit positional hypotension?
A. Reverse Trendelenburg.
B. Left lateral decubitus
C. Right lateral decubitus
D. Supine

71. A twelve year old boy with a painful swelling over the tibial tubercle:
A. Most likely has a rapture of the patella tendon
B. Has the common anterior knee pain syndrome
C. Requires CT scan of the knee to confirm the diagnosis
D. Can be adequately managed by reassurance, rest and non –steroidal anti-inflammatory drugs

72. A person with recurrent patella dislocation is more likely to be:
A. a girl below 18 years of age
B. a young man of 21 years
C. either boy or girl with equal likelihood
D. a college team rugby player

73. Orthoses are special orthopaedic aids that
A.bear weight and pressure following an amputation
B. control the motion of certain joints
C.Are specifically meant to be used posed injury
D.Non of the above

74. In a displaced transverse fracture of the patella, the treatment of choice is?
A. Excision of the smaller fragment
B. Wire fixation
C. Plaster cylinder
D. Patellectomy

75. A footballer has twisted his ankle in a tackle. The ankle is very tender over the medial and lateral malleolus. What is the optimal imaging modality for diagnosis?
A. Fluoroscopy
B. Magnetic resonance imaging (MRI)
C. Plain X-rays
D. Computed tomography (CT) scan

76. Which of the following is the earliest laboratory finding in a case of fat embolism?
A. Increased serum lipase
B. Increased serum fatty acids
C. Lipuria
D. Increased alkaline phosphatase.

77. Most often open reduction and internal fixation of a fracture is required in:
A. Closed fracture with nerve injury
B. Open fracture
C. Unsatisfactory closed reduction
D. Fracture in children

78. What is the earliest indication of an impending compartment syndrome?
A. Pain
B. Pallor and poor capillary filling
C. Paraesthesia in median nerve area
D. Gangrene of tips of toes.

79. A patient develops swelling of foot & toes following manipulation and plaster immobilization for fracture of both bones of leg. What is the best treatment?
A. Do operative decompression of facial compartment.
B. Split the plaster & elevate the leg
C. External fixation
D. Open reduction & internal fixation

80. A 36 year old male sustained a Right Mid-Shaft Humerus fracture after a motorcycle accident. On examination he is noted to have a Right Wrist Drop. What would NOT be an indication for Urgent Open Reduction and Internal fixation of the fracture?
A. Radial nerve palsy
B. Right Mid-shaft Radius and Ulna fracture
C. Brachial Artery Injury
D. Compartment Syndrome.

81. Posterior glenohumeral dislocations occur more frequently than anterior dislocations in which group of patients?
A. Rugby players.
B. Hypermobile patients.
C. Epileptics.
D. None of the above.

82. Following a traumatic anterior shoulder dislocation, what factor is associated with the highest risk for recurrent instability?
   A. Dislocation of the dominant shoulder.
   B. Bilateral shoulder dislocation.
   C. Young age (<25 years old) at time of dislocation.
   D. Joint laxity

83. In the management of rheumatoid arthritis, which of the following is not true?
   A. A cure is declared after 5 years of treatment with no flare ups in the affected joints.
   B. The patient may need special adaptive devices
   C. A negative rheumatoid factor is not a prognostic factor
   D. Total joint replacement may play an important role

84. Ankylosing spondylitis may be treated by
   A. Joint fusion
   B. Bed rest
   C. Joint replacement
   D. amputation

85. Acute osteomylitis usually begins at
   A. epiphysis
   B. metaphysic
   C. diaphysis
   D. any of the above

86. With reference to the management of open fractures, which of the following is true?
   A. All wounds should undego immediate surgical exploration
   B. For haemorrhage control a tourniquet should never be used
   C. In compartment syndrome, a difference of 30 mmHg or less between the measured pressure and the systolic blood pressureis a reasonable threshold for exploration
   D. It is the 10 cm perforator from the posterior tibial artery, mediallywhich is usually the largest and most reliable for distally based fascio-cutaneous flaps

87. The most common injury following pelvic fractures is
   A. Urinary bladder
   B. Urethra
   C. Ectum
   D. Common iliac vein

88. Which of the management methods below is mostly used in sternoclavicular dislocations
   A. Open reduction and plating
   B. Closed reduction only
   C. Closed reduction and added K-wire fixation
   D. Screw fixation in situ

89. The following lesions are noted in patients with Recurrent Anterior Shoulder Dislocations EXCEPT:
   A. Hill Sachs Lesion
   B. Bankart Lesion
   C. Inferior Glenoid Rim Fracture
   D. Reverse Hill Sachs Lesion

90. Open fracture of the tibia is best treated by
   A. Closed reduction and plaster immobilization
   B. Internal fixation by intra medullary nail
   C. External fixation by skeletal traction
   D. External fixation by external fixator

RADIOLOGY

91. An infant presents to Emergency department with clinical features suggestive of Hypertrophic Pyloric Stenosis. Which imaging exam will order first:
    A) An Abdominal Xray
    B) An Abdominal CT Scan
    C) A Barium Meal
    D) An Abdominal Ultrasound
92. The following are primarily used for imaging the breast tissue except:
    A) Thermography
    B) Ultrasound
    C) CT Scan
    D) Mammogram
93. Which of the following artery is usually selected for cerebral angiography?
    A. Axillary artery
    B. Femoral artery
    C. Bronchial artery
    D. Carotid artery
94. Contrast media of choice in suspected intestinal perforation is:
    A. Thick barium
    B. Thin barium
    C. Ionic water soluble
    D. Non- ionic water soluble

EYE, NOSE & THROAT (ENT)

95. Which one is not true concerning HIV manifestation in otolaryngology?
    A) Lymphoid hyperplasia found in the nasopharynx is a manifestation of HIV-associated lymphadenopathy
    B) Adenoidal Hypertrophy in an otherwise asymptomatic adult should raise the suspicion of a possible underlying HIV infection.
    C) Multiple fine needle aspirations should be performed if Kaposi's sarcoma is suspected.
    D) Non Hodgkin's Lymphoma is the second most common malignancy associated with HIV

96. The following are causes of conductive hearing loss EXCEPT

    A. Perforated tympanic membrane
    B. Ossicular disarticulation
    C. Acoustic neuroma
    D. Otitis media

97. The following is not an early complication in nasal injury
    A. Septal hematoma
    B. Infections- antibiotic prophylaxis
    C. Naso-facial disproportion
    D. Emphysema of the face

98. In sinusitis, why is high-resolution computed tomography preferred to plain radiographs for imaging the sinuses?
A) Evaluation of the maxillary- ethmoid sinuses.
B) osteomeatal complex
C) overlapping anatomic structures
D) evaluation of sphenoid and ethmoid sinuses

ANAESTHESIA

99. ASA (American society of anaesthesiologist) classification of patients preoperatively
A. ASA IV patients have systemic disease with no threat to life
B. Has little value in the local (Kenyan) setup
C. ASA II patients have sysyemic disease without limitation to activities of daily living
D. ASA III patients do not benefit from surgery and anaesthesia

100. Halothane
A. Can be used for inhalational induction
B. Increases the ventilation minute volume
C. Causes a tachycardia
D. Cannot be used in patients with asthma

101. Pain
A. is always associated with actual tissue damage
B. is not affected by past experiences
C. good pain control results in an overall better clinical outcome
D. management of pain is a reserve of the anaesthetic team

102. In the pre-operative preparation of patients
A. Babies on cow's milk should be fasted for six (6) hours
B. No fasting is required for patients that require regional anaesthetic techniques only
C. Patients with concomitant disease should be referred to national referral centers
D. Patients with intestinal obstruction should be given pro-kinetic agents

DENTISTRY

103. The most common carcinoma in the mouth is

A. Basal cell carcinoma
B. Squamous Cell Carcinoma
C. Verrucous carcinoma
D. Carcinoma of the lip

104. Which of the following Local anaesthetic agents is not an amide?
A. Benzocaine
B. Prilocaine
C. Lignocaine
D. Bupivacaine

105. Which of the following antibiotic agents has good bone penetration?
A. Cephalosporins
B. Erythromycin
C. Clindamycin
D. Vancomycin

106. Which of the following teeth in the permanent dentition have no predecessors?
   A. Canines
   B. Premolars
   C. Molars
   D. Incisors

OPHTHALMOLOGY

107. Which of the following clinical features is not found in papilloedema?
   A. Blurring of disc margins
   B. Optic disc cupping
   C. Increased intracranial pressure
   D. Retinal haemorrhages around disc

108. A one-year old child was detected to have a leucocoria in her right eye. On examination, she was found to have a retinoblastoma occupying more than half of her eye. The recommended therapy would be:
   A. Enucleation
   B. Cryotherapy
   C. Direct laser ablation
   D. Scleral radiotherapy followed by chemotherapy

109. The differential diagnosis of retinoblastoma would include all except:
   A. Persistent hyperplastic primary vitreous
   B. Cataract
   C. Coat's disease
   D. Retinal astrocytoma

110. Which of the following is **not** a source of nutrients to the cornea?
   A. Tear film
   B. Aqueous humour
   C. Perilimbal capillaries
   D. Choriocapillaris